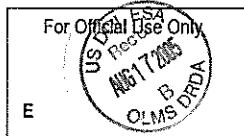


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11438</u> <u>LEAVE BLANK</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MARK</u> <u>H</u> <u>PETERSON</u> P.O. Box, Bldg., Room No., if any Street <u>472 33rd Avenue North</u> City <u>St. Petersburg</u> State <u>FL</u> ZIP Code + 4 <u>33704</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION OF</u> <u>BRICKLAYERS AND ALLIED CRAFTSMEN</u> <u>Local 11</u> Labor Organization File Number <u>(531837) ?</u> P.O. Box, Building and Room Number, if any Street <u>4502 W MCKINLEY BLVD</u> City <u>Tampa</u> State <u>FL</u> ZIP Code + 4 <u>33614</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. <u>N/A</u>	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature X Mark Peterson

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

X Mark Peterson

On

8-12-05  
Date

813 917 5627  
Telephone Number

Name of Person Filing <b>MARK H PETERSON</b>	File Number U- <b>N/A</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>Integh Indestment</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street <b>2401 PGA Blvd Suite 100</b> City <b>PALM BEACH GARDENS</b> State <b>FL</b> ZIP Code + 4 <b>33410</b>	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <b>FLORIDA Trowel TRADES PENSION</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street <b>2001 CREWELL DRIVE</b> City <b>Goodlettsville</b> State <b>TN</b> ZIP Code + 4 <b>37022</b>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <b>INVESTMENT MANAGER</b> </div>
	11.b. Approximate dollar value of such dealing. <b>30,000 +</b> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <b>Dinner + Brunch in connection with EDUCATIONAL CONFERENCE</b> </div>
	12.b. Amount. <b>\$50</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4 	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing	MARK H. PETERSON	File Number U-	N/A
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**B. Held an interest in or derived income or economic benefit with monetary value from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <u>ATLANTA CAPITAL ADVISORS LLC</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>3091 MAPLE DRIVE N.E</u></p> <p>City <u>ATLANTA GA</u></p> <p>State <u>GEORGIA</u> ZIP Code + 4 <u>30305</u></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <u>FLORIDA TROWEL TRADES PENSION</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2001 CALDWELL DRIVE</u></p> <p>City <u>Goodlettsville</u></p> <p>State <u>TN</u> ZIP Code + 4 <u>37072</u></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><del>TRUSTEE</del> Investment Manager</p>  <p><b>11.b. Approximate dollar value of such dealing.</b> <u>70 \$50,000+</u></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p>DINNER in conjunction with Trustee meeting</p>  <p><b>12.b. Amount.</b> <u>70</u></p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p><b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Name of Person Filing <u>MARK H PETERSON</u>	File Number U- <u>N/A</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Investment Performance Service</u></p> <p>Trade Name, if any: <u>IPS</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>7402 Hodgson Memorial Drive</u></p> <p>City <u>SAVANNAH</u></p> <p>State <u>GA</u> ZIP Code + 4 <u>31406</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>FLORIDA Travel Trades Pension</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>2001 Caldwell Drive</u></p> <p>City <u>Goodlettsville</u></p> <p>State <u>TN</u> ZIP Code + 4 <u>37072</u></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><u>Investment Consultant</u></p> <p>11.b. Approximate dollar value of such dealing. <u>30,000 +</u></p> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;"><u>Dinner in conjunction with trustee meeting</u></p> <p>12.b. Amount. <u>\$35</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing <u>MARK H. PETERSON</u>	File Number U- <u>leave blank</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>FLORIDA TROWEL TRADES PENSION AND WELFARE FUNDS</u> Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any <u>PO Box 1449</u> Street <u>2001 1449 CALDWELL DRIVE</u> City <u>Goodlettsville</u> State <u>TN</u> ZIP Code + 4 <u>37072</u>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. <u>N/A</u>  Name _____ Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>PENSION AND <del>TRUST</del> WELFARE TRUST</u> <u>represent covering union members.</u> <u>MARK PETERSON IS AN unpaid</u> <u>Trustee. Fund pays expenses</u> <u>related to Fund's Business</u>  11.b. Approximate dollar value of such dealing. <u>5350</u>  12.a. Nature of interest held or income received. <u>Received reimbursement of income</u> <u>for attendance at Trustee meetings,</u> <u>educational conference</u>  12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. <u>N/A</u>	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____ Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>5350</u>